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Bib Data Sheet

CONFIRMATION NO. 9077

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/810,751 | <b>FILING OR 371(c)<br/>DATE</b><br>03/26/2004<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1642 | <b>ATTORNEY<br/>DOCKET NO.</b><br>2056.039 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/603,006 06/23/2003 which is a CIP of 10/348,231 01/21/2003 PAT  
7,009,040

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/04/2004

|   |                                       |                                 |                               |                                    |  |
|---|---------------------------------------|---------------------------------|-------------------------------|------------------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>CANADA | <b>SHEETS<br/>DRAWING</b><br>21 | <b>TOTAL<br/>CLAIMS</b><br>40 | <b>INDEPENDENT<br/>CLAIMS</b><br>6 |  |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                       |                                 |                               |                                    |  |
| Verified and<br>Acknowledged  | Examiner's Signature                  | Initials                        |                               |                                    |  |

## ADDRESS

21917

## TITLE

CYTOTOXICITY MEDIATION OF CELLS EVIDENCING SURFACE EXPRESSION OF CD63

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>994 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
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